

**Testimony – Lori Batzloff, RN
Representing Michigan Nurses Association
Medicaid Expansion Hearing
Government Operations Committee
Boji Tower
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Good morning. My name is Lori Batzloff and I am a registered nurse at Three Rivers Health in St. Joseph County. I had to change an appointment so that I could testify this morning. The appointment was for a routine mammogram. It wasn't a big deal for me to change the appointment because the insurance I receive through my employment as a registered nurse covers the test. I simply called and rescheduled. I'm one of the lucky ones that have health insurance. I also earn wages that are enough to cover the \$4600 a year that I pay for my share of the insurance cost. I can also afford my co-pays and deductibles, many working people in Michigan aren't so fortunate.

Many women don't get a routine mammogram because the fee ranges from 250 dollars to 700 dollars. That doesn't include the cost of the primary care doctor or the OB/GYN who ordered the test, which could run between 50 dollars and 120 dollars. Something that for me is a brief interruption in my day and that I take for granted is a big financial drain for others.

If you have to choose between spending 75 dollars to buy food for your family and getting a routine medical test performed, what choice do you have?

A few years ago, I had an abnormal mammogram that required further testing. While I was understandably concerned about my health and my future while I waited for tests to be done and results to be reported, COST was NOT one of my concerns. Imagine that you don't have insurance and you've already paid out several hundred dollars for just the doctor and the test. Now you're looking at the potential of financial ruin for yourself and your family on top of the fear that it might be a life threatening disease.

I take care of patients that need medication they don't have because they can't afford it. I took care of a patient recently who has been admitted to our critical care unit so many times he has earned the title "frequent flyer". This is what we call people with chronic health problems that result in multiple admissions. This young man is in his early twenties, diabetic, and poor. He works minimum wage, part-time jobs with no insurance benefits. When he runs out of insulin, he says he tries to watch his carbohydrate intake.

He admits to not following the diet our diabetic education department has taught him because, he told me, "I can't afford to eat that often". When he runs out of insulin it is only a matter of time before his body starts to burn protein, and his blood becomes too acidic for normal metabolism to occur. Now he is an uninsured patient in the CCU (again) with more bills he cannot pay. Sadly, this young man's story is not rare. Many people are poor, but not poor enough for help.

As a nurse, I believe Medicaid expansion is a good solution, or at least a good start. We have to do something to interrupt this cycle of health care that devalues patients and hurts communities.

The feds are willing to give Michigan the money to expand Medicaid. We've heard about all the benefits. Almost half a million people covered, more jobs, and more economic activity. I encourage you to seriously think about the provisions that you want to add into the plan. You say that this is a plan for Michiganders by Michiganders but I have some grave concerns about how people who already can't afford medicines or a doctor are going to pay for this coverage.

Please remember that expanding Medicaid should be to help people, not punish them for not being poor enough.

Thank you for listening.